



ISLAMIC RESEARCH INSTITUTE

International Islamic University
Faisal Masjid Campus, Islamabad



IRI International Postdoctoral Fellowship 2024-2025

Personal details (please use CAPITAL letters and write your details EXACTLY as they appear in your documents).

Mr. Mrs. Miss Other Male Female

Name

CNIC No./PASSPORT Married Single

Father's Name

Postal Address

Residential Address

E-mail:

Cell:

Tel: Fax:

Attach
Photo Here

DD MM YYYY
Date of Birth

Religion

Educational Qualification

Certificate/Degree	Examining Board/ Institution/ University	Date of Award	% / Grade
Matric	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.A/F.Sc	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.A/B.Sc	<input type="text"/>	<input type="text"/>	<input type="text"/>
M.A/M.Sc/ LLB	<input type="text"/>	<input type="text"/>	<input type="text"/>
MS / M.Phil	<input type="text"/>	<input type="text"/>	<input type="text"/>
PhD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any Other Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>

HEC Recognised Publications

Title of Paper	Journal	Volume/ Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Challan Form

BANK COPY

Habib Bank Limited

International Islamic University, Islamabad

Challan No. _____

Date: _____

Title of the Training Programme:

Account Title: IRI Grant in Aid Account

Account No: 5006-00100741-03

Name of the Applicant: _____

Father's Name: _____

Faculty/Department/Institute:

Semester/Year: _____

Particulars Rupees Registration /Bench Fee

Particulars	Rupees
Registration /Bench Fee	

Rupees (In words) _____

Cashier/Officer

Signature

OFFICE COPY

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Particulars Rupees Registration /Bench Fee

Particulars	Rupees
Registration /Bench Fee	

Rupees (In words) _____

Cashier/Officer

Signature

APPLICANT COPY

Habib Bank Limited

International Islamic University, Islamabad

Challan No. _____

Date: _____

Title of the Training Programme:

Account Title: IRI Grant in Aid Account

Account No: 5006-00100741-03

Name of the Applicant: _____

Father's Name: _____

Faculty/Department/Institute:

Semester/Year: _____

Particulars Rupees Registration /Bench Fee

Particulars	Rupees
Registration /Bench Fee	

Rupees (In words) _____

Cashier/Officer

Signature

Check List

Have you

- Answered all questions
- Enclosed attested/certified copies of academic transcripts
- PhD
- MS/ M.Phil
- M.A. / M.Sc. or Equivalent
- B.A. (Hons)B. Sc (Hons)
- Intermediate Certificate or Equivalent
- Matriculation Certificate or Equivalent
- Enclosed a certificate of good moral character
- Enclosed an attested copy of the National Identity Card/Passport
- Enclosed three attested copies of recent photographs
- Research Proposal
- Reference Letter
- Work experience certificate

Note: All relevant documents must be attached by the candidate with his/her application form.

Office Use Only

Evaluation Record

Admission

Academic Qualification

Matric	%	Marks in Merit
F.A/F.Sc		
B.A/B.Sc		
BS		
M.A/ M.Sc/ LL.B		
MS/ M.Phil 18 years Education		
PhD		
Research Articles		
Teaching Research Experience		
Total Score		

Accepted

Yes

No

Workshop Coordinator

Director General, IRI